

**Political Organization
 Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See Separate Instructions.

A For the period beginning 4/01 20 13 and ending 6/30 20 13

B Check applicable boxes ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization MAX MARTIN FOR CONGRESS COMMITTEE Employer identification number 45 3020443

2 Mailing address (P.O. Box or number, street, and room or suite number)
14303 SHANNON RIDGE ROAD

City or town, state, and ZIP code
HOUSTON, TEXAS 77062

3 E-mail address of organization MAX@MAX4CONGRESS.COM **4** Date organization was formed 11/24/2011

5a Name of custodian of records MAX MARTIN **5b** Custodian's address
14303 SHANNON RIDGE ROAD
HOUSTON, TEXAS 77062

6a Name of contact person MAX MARTIN **6b** Contact person's address
14303 SHANNON RIDGE ROAD
HOUSTON, TEXAS 77062

7 Business address of organization (if different from mailing address shown above): Number, street, and room or suite number
 City or town, state, and ZIP code

8 Type of report (check only one box):

a ☐ First quarterly report (due by April 15)

b ☒ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☐ Year-end report (due by January 31)

e ☐ Mid-year report (Non-election year only due by July 31)

f ☐ Monthly report for the month of _____
 (due by the 20th day following the month shown above, except the December report which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)

(1) Type of election _____

(2) Date of election _____

(3) For the state of _____

h ☐ Post-general election report (due by the 30th day after general election)

(1) Date of election _____

(2) For the state of _____

9 Total amount of reported contributions (total from all attached Schedules A) 0.00

10 Total amount of reported expenditures (total from all attached Schedules B) 0.00

Sign Here

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

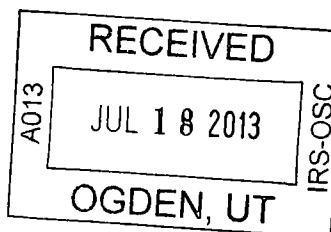
Max Martin
 Signature of authorized official

7/15/13
 Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat No. 20406G

Form **8872** (11-2002)



SCANNED AUG 01 2013

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Schedule A Itemized Contributions		Schedule A page of
Name of organization		Employer identification number
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ 0.00

Schedule B Itemized Expenditures

Schedule B page of

Name of organization

Employer identification number

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.

\$ 0.00

